

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. RFS -	YEAR 2012
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APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

CASH ☐

CHECK ☐



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$100.00

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (If different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (If different) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name Title Home Address

Type of Establishment	Fee	Duration of Permit	Amount to be Paid
<u>Retail Food</u>	<input checked="" type="checkbox"/> \$100.00		
Food Service	<input type="checkbox"/>	Annual	<input checked="" type="checkbox"/>
Bar Service	<input type="checkbox"/>		
Caterer	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>
Mobile Food	<input type="checkbox"/>		
Mobile Retail	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Residential	<input type="checkbox"/>		
Bed & Breakfast	<input type="checkbox"/>		

Total Fee: ☐ \$100.00

ADDITIONAL INFORMATION: Water Source _____

Sewage Disposal _____

Social Security or Federal ID# _____

Email Address _____

Telephone # _____

Signature of Individual or Corporate Officer _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON